



University of North Dakota UND Scholarly Commons

Theses and Dissertations

Theses, Dissertations, and Senior Projects

January 2015

Needs Assessment Of A Neighbors Helping Neighbors Program In The Near Southside Neighborhood In Grand Forks, ND

Derrick Lapoint

Follow this and additional works at: <https://commons.und.edu/theses>

Recommended Citation

Lapoint, Derrick, "Needs Assessment Of A Neighbors Helping Neighbors Program In The Near Southside Neighborhood In Grand Forks, ND" (2015). *Theses and Dissertations*. 1797.
<https://commons.und.edu/theses/1797>

This Thesis is brought to you for free and open access by the Theses, Dissertations, and Senior Projects at UND Scholarly Commons. It has been accepted for inclusion in Theses and Dissertations by an authorized administrator of UND Scholarly Commons. For more information, please contact zeinebyousif@library.und.edu.

NEEDS ASSESSMENT OF A NEIGHBORS HELPING NEIGHBORS PROGRAM IN
THE NEAR SOUTHSIDE NEIGHBORHOOD IN GRAND FORKS, ND

by

Derrick LaPoint
Bachelors of Arts, University of North Dakota, 2011
Master of Arts, University of North Dakota, 2015

A Thesis
Submitted to the Graduate Faculty

of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

Master of Arts

Grand Forks, North Dakota

May

2015

This thesis, submitted by Derrick J. LaPoint in partial fulfillment of the requirements for the Degree of Master of Arts from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

Devon Hansen
Devon Hansen

Douglas Munski
Douglas Munski

Wayne Swisher
Wayne Swisher

This thesis is being submitted by the appointed advisory committee as having met all of the requirements of the School of Graduate Studies at the University of North Dakota and is hereby approved.

Wayne Swisher
Wayne Swisher
Dean of the School of Graduate Studies

April 13, 2015
April 13, 2015

Permission

Title Needs Assessment of a Neighbors Helping Neighbors Program in the
Near Southside Neighborhood in Grand Forks, ND

Department Geography

Degree Master of Arts

In presenting this thesis in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the library of this University shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised my thesis work or, in his absence, by the Chairperson of the department or the dean of the School of Graduate Studies. It is understood that any copying or publication or other use of this thesis or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University of North Dakota in any scholarly use which may be made of any material in my thesis.

Derrick LaPoint
April 13, 2015

Table of Contents

LIST OF FIGURES.....	vi
LIST OF TABLES.....	vii
ACKNOWLEDGMENTS.....	viii
ABSTRACT.....	ix
CHAPTER	
I. INTRODUCTION.....	1
II. LITERATURE REVIEW.....	4
Population Aging.....	4
Factors Influencing Aging Communities.....	8
Aging in Place.....	9
Impacts of Aging.....	12
Community Engagement.....	14
III. STUDY AREA.....	18
History of Grand Forks and Near Southside Neighborhood.....	18
NSS MUNI Property Information.....	20
IV. METHODS.....	25
Introduction.....	25
Research and Data Collection.....	25
V. RESULTS AND DISCUSSION OF THE GRAND FORKS SENIOR CENTER SURVEY.....	29

Introduction.....	29
Research Questions.....	29
VI. RESULTS AND DISCUSSION OF THE NSS SURVEY.....	38
Introduction.....	38
Research Questions.....	39
VII. CONCLUSION.....	47
Introduction.....	47
Research Questions Summary.....	47
Limitations.....	50
Recommendations.....	51
Final Thoughts.....	52
APPENDICES.....	53
REFERENCES.....	59

LIST OF FIGURES

Figures	Page
1. Population Age 65 and Over and Age 85 and Over, 1900-2008 and Projected 2010-2050.....	5
2. Grand Forks, ND Population Pyramid, 2010.....	8
3. Map of the Near Southside Neighborhood, Grand Forks, ND.....	19
4. Grand Forks Senior Center Responses to Years Lived at Residence.....	34

LIST OF TABLES

Tables	Page
1. Property Characteristics and Ownership in the NSS, Grand Forks, ND	21
2. Residential Property Age and Value in the NSS, Grand Forks, ND	22
3. Property by Type in the NSS, Grand Forks, ND	23
4. Grand Forks Area Seniors: Demographic, Social and Economic Responses.....	31
5. Grand Forks Area Seniors: Residential-Community Reponses	33
6. Grand Forks Area Seniors: Need for Aging Services.....	37
7. NSS Demographic, Social and Economic Responses.....	40
8. NSS Residential-Community Responses.....	42
9. NSS Community Service Responses.....	44
10. NSS Community Services Volunteer Responses.....	46

ACKNOWLEDGEMENTS

Foremost, I would like to express my sincere gratitude to my advisor Dr. Devon Hansen for her continuous support of my Masters study and research, for her patience, motivation, enthusiasm, and immense knowledge. Her guidance helped me in all the time of research and writing of this thesis. Her door was always open and she was always willing to help. I could not have imagined having a better advisor and mentor.

Besides my advisor, I would like to thank the rest of my thesis committee: Dr. Douglas Munski and Dr. Wayne Swisher, for their encouragement, insightful comments, and hard questions. Also, thank you to all of the other Professors in the best Geography Department in the World! And, thank you to the best secretary, Cindy Purpur, for her willingness to help, especially in mailing my second survey.

My sincere thanks to Colette Iseminger, of the Grand Forks Senior Center for allowing me to use the Senior Center for distribution of my survey. Thank you to the participants in both surveys; their responses are the backbone of this thesis.

Thank you to the members of the NSS, including Dave Fewster, who gave me the opportunity to work with the NSS. I appreciated the opportunity to make a difference and help people in the NSS and Grand Forks Community.

Last but not the least; I would like to thank my wife, Lauryn, for her endless support. She always had my back and encouraged me to pursue my Masters. I cannot forget my parents, for instilling the hard work and motivation to achieve greatness. To all other family and friends, thank you!

ABSTRACT

The purpose of this study was to examine the needs of a Neighbors Helping Neighbors (NHN) Program to help the elderly successfully age-in-place in the Near Southside Neighborhood (NSS) in Grand Forks, North Dakota. As aging becomes increasingly an issue of concern, establishing a NHN Program in the NSS would help the elderly remain independent in their own home and community. The NHN Program is a specialized program designed to provide aging services to those who are in need through community engagement. Through surveys, data was collected in the Grand Forks Area and the NSS. The first survey was conducted at the Grand Forks Senior Center to gather information on what aging services are important to help seniors in the Grand Forks Area. The second survey, distributed by mail, was sent to the residents of the NSS. This survey produced a variety of information including; the desire to start a program to help the seniors; what services are necessary; what skills does the neighborhood possess; and interest level of volunteering. These data are the core for the needs assessment to help the elderly in the NSS. It is anticipated that this study will help people understand the need for a NHN Program and will promote community engagement between neighbors and residents within the NSS. Consequently, the NSS will have a chance to review the research and findings to assess whether or not implementation of the NHN Program is feasible.

CHAPTER I

INTRODUCTION

Aging is inevitable. Many communities around the United States are facing the challenges of supporting a growing elderly population. Understanding the issues and needs of this aging population is crucial for the future of our cities. North Dakota and Grand Forks are no exception regarding this growing senior population. The purpose of this study is to examine the needs of a Neighbors Helping Neighbors (NHN) Program to help the elderly successfully age in place in the Near Southside Neighborhood (NSS) in Grand Forks, ND. There has been a significant amount of research done on population aging in the United States relative to the social, economic and political implications this will have on our country. However, there is a lack of research on program development to help this aging population.

In this thesis, a needs assessment of a NHN Program to help the senior population was conducted based upon the conditions of the aging population in the NSS. That group of citizens are those who are 65 years and older. There are five key research questions: 1). What are the demographic, social and economic characteristics of the senior population in the Grand Forks area? 2). What services are needed for the seniors in the Grand Forks area? 3). What are the demographic, social and economic characteristics of the NSS residents? 4). What services are needed in the NSS? and 5). What type of volunteer options can benefit the NSS senior population? The overall objective is to conduct the steps needed for a needs assessment such as a NHN Program in the NSS.

Exploration of demographic statistics and research done in the United States and the Grand Forks Area, in addition further research will include: factors influencing aging communities, aging in place including attachment to home and place, impacts of an aging population and community engagement programs designed to help the elderly. All of this research will lay the groundwork for exploring the Grand Forks Area and the NSS with the goal of determining the aging services needed to develop a NHN Program in the NSS.

The NSS is a part of the Grand Forks Mayor's Urban Neighborhood Initiative (MUNI) designed to provide neighborhood revitalization and community engagement programs to selected neighborhoods. The NSS is a part of a historical neighborhood, located just south of downtown Grand Forks, with a trend of more and more residents reaching the retirement age, 65 years old and older. This age cohort of 65 years and older is prone to needing more services to remain independent in their own home. Aging affects everyone differently but at some point doing everyday tasks can become difficult.

Similarly, all research projects come with limitations. Time, lack of resources and funding can all affect the process and outcome of a project. This project is no exception. The biggest challenge faced in this project was trying to reach a specific age group and trying to gather as much participation as possible. Such a challenge was overcome in part through collaboration with the Grand Forks Senior Center. While that access allowed face to face interaction with many seniors in the Grand Forks area, those research subjects were restricted to only those seniors who utilize the Grand Forks Senior Center. Furthermore, the NSS survey posed a series of different limitations. Multiple questions had to be asked about needed services and volunteer opportunities. Also, this survey was

sent to the entire NSS, and there were restrictions on asking specific questions to the NSS senior population. Thus, previous research had to be used to fill in the gaps and is highlighted in the literature review.

Despite the aforesaid limitations and with aging becoming more of an issue, establishing a NHN Program in the NSS would hopefully help the elderly remain independent in their own home and community. The NHN Program is a specialized program designed to provide aging services to those who are in need through community engagement. Surveys were used to collect data in the Grand Forks Area and the NSS. Specifically, a needs assessment of a NHN Program was utilized to gather important information within the NSS. The data was analyzed to determine what services are crucial to help elderly residents successfully age in place. An examination of similar programs was used as a baseline to present ideas to help implement a program to help the elderly in the NSS. These findings are presented in the chapters that follow this introduction. In order to put this study into context and to explain its methodological underpinnings, the next chapter is the literature review.

CHAPTER II

LITERATURE REVIEW

This literature review is in five parts. It starts with an examination of population aging in the United States, North Dakota and Grand Forks. Second, an examination is made of what factors influence aging communities. Next comes literature on aging-in-place, such as attachment to place, home and community. The fourth part is an overview of the implications, impacts and concerns of an aging population. The final section is an overview of community engagement opportunities that include the other NHN Programs and volunteer opportunities in community development.

Population Aging

United States

The United States is facing major shifts in demographics as the baby boom generation ages. The baby boom generation, those individuals born between the years 1946 and 1964, will have a major impact on the number of persons in the population 65 years and older in the coming years. The end of World War II led to a period of economic prosperity in the United States including the stability for population expansion. The total fertility rate for women increased from 2.19 in 1940 to 3.58 in 1957, the highest point of the baby boom (Weeks 1992). The size of the baby boom generation influenced society, as population expanded, families moved from cities to suburbs. The move to the suburbs expanded urban areas around central cities and lead to the building boom of housing, schools and shopping centers.

Baby boomers are projected to transform the demand for public transportation, housing, recreation, and other community-based programs as they enter the retirement age (Greenblatt 2007; U.S. Department of Housing and Urban Development 2005). The baby boom came to an end quickly after the mid-1960s, some researchers refer to this period as the baby bust. The sudden stop in reproduction has created a large population bubble, influencing our country that bubble ages. In addition, the oldest of the old, those individuals aged 85 years and older, are the fastest growing segment of the population in the United States. The trend toward a rising older population is projected to continue for the next five decades as we see the 65 and older population double in size by 2050 (Hetzel 2001). (Refer to Figure 1)

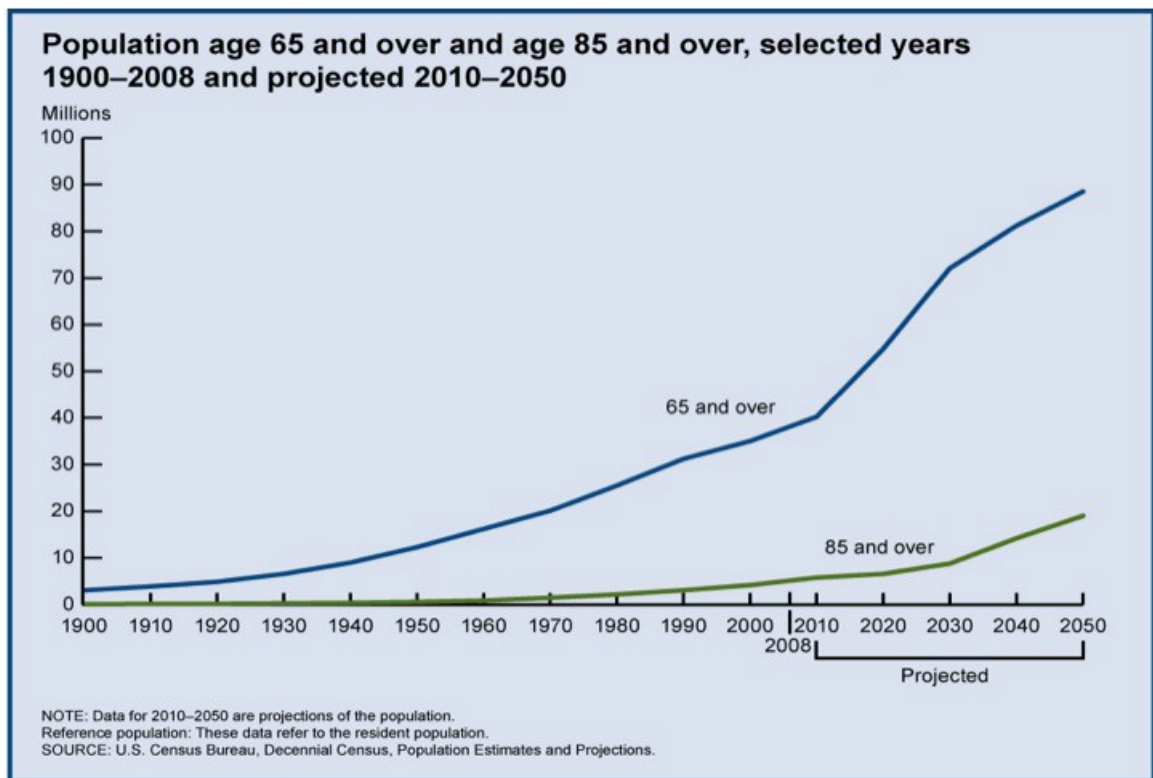


Figure 1. Population Age 65 and Over and Age 85 and Over, 1900-2008 and Projected 2010-2050

The increasing proportion of elderly in the United States population resulted from decreasing fertility and increasing longevity, trends characteristic of both rural and urban areas (Glasgow and Brown 2012). As current life expectancy continues to rise, the number of elderly in the population is expected to result in more chronic health problems and disabilities in the United States population (Glasgow and Brown 2012). According to the National Center for Health Statistics, life expectancy has increased dramatically for both sexes. In fact, male life expectancy has increased 25 years since 1900 to 72.5 years. Women have experienced an even greater increase to a life expectancy of 78.9 years, 30 years longer than the life expectancy of 1900 (CDC 2003a). A 2002 Report to Congress, by the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century, has deemed the growing needs of the increasing numbers of older adults as the “quiet crisis” (U.S. Commission on Affordable Housing and Health Facility Needs for Seniors 2002).

North Dakota/Grand Forks

According to the 2000 U.S. Census, the state of North Dakota had the fifth highest percentage of individuals aged 65 years and older. The 2000 Census also states that one-third of the state’s total population are baby boomers and the leading edge of this critical age cohort is nearing retirement age of 65 years old (Rathge 2007). Furthermore, by the year 2020 it is estimated that one-half of the baby boomers will reach 65 years old and impact North Dakota tremendously (Rathge 2007).

Looking further ahead in 2011, North Dakota had the second highest percentage of individuals aged 85 and older in the nation at 2.5 percent (U.S. Census Bureau, Population Division, Annual Estimates). The total number of these “oldest of the old” more than doubled between the years 1980 to 2011, from 8,140 to 17,216 residents (U.S.

Census Bureau, Population Division, Annual Estimates of the Resident Population by Selected Age Groups and Sex for Counties in North Dakota & Center for Social Research at NDSU; Center for Social Research at NDSU; CSR's 2012 North Dakota Statewide Housing Needs Assessment). In 2010, North Dakota had 221 residents 100 years and older. That is more than double the 103 residents in 1980; 90 percent of these elderly individuals 100 years and older were women, up from 69 percent in 1980 (U.S. Census Bureau, Decennial Census). The 93 percent of North Dakota resident's ages 65 and older live in their own households. The results also showed that one in four households in North Dakota had at least one senior resident. Over half of the more than 61,000 heads of households are seniors that live alone. That is the second highest proportion in the nation; nationally, 44 percent live alone (U.S. Census Bureau, American Community Survey, 2007-2011 5-Year Estimates).

The City of Grand Forks is the third largest city in North Dakota. Grand Forks is also one of the largest providers of hospital care in the State. This makes Grand Forks an ideal place to live and travel to for quality care. According to the 2010 Census, the City of Grand Forks had a population of 52,838. Of that total population the percentage of those 65 years and older is 10.1 percent. Sixteen percent of the total population is age 50-64 years old. Combined, the percent of the population 50 years and older is a 26 percent. There are 22,260 households in the City of Grand Forks and 17.3 percent of those households have individuals age 65 years and older. Looking at Figure 2, it is obvious that the student population is bulging. However, the reader should notice the bubble of individuals age 50 years and older. After reviewing these statistics it is clear to see that the United States, North Dakota and Grand Forks will be facing a major issue with aging population for years to come.

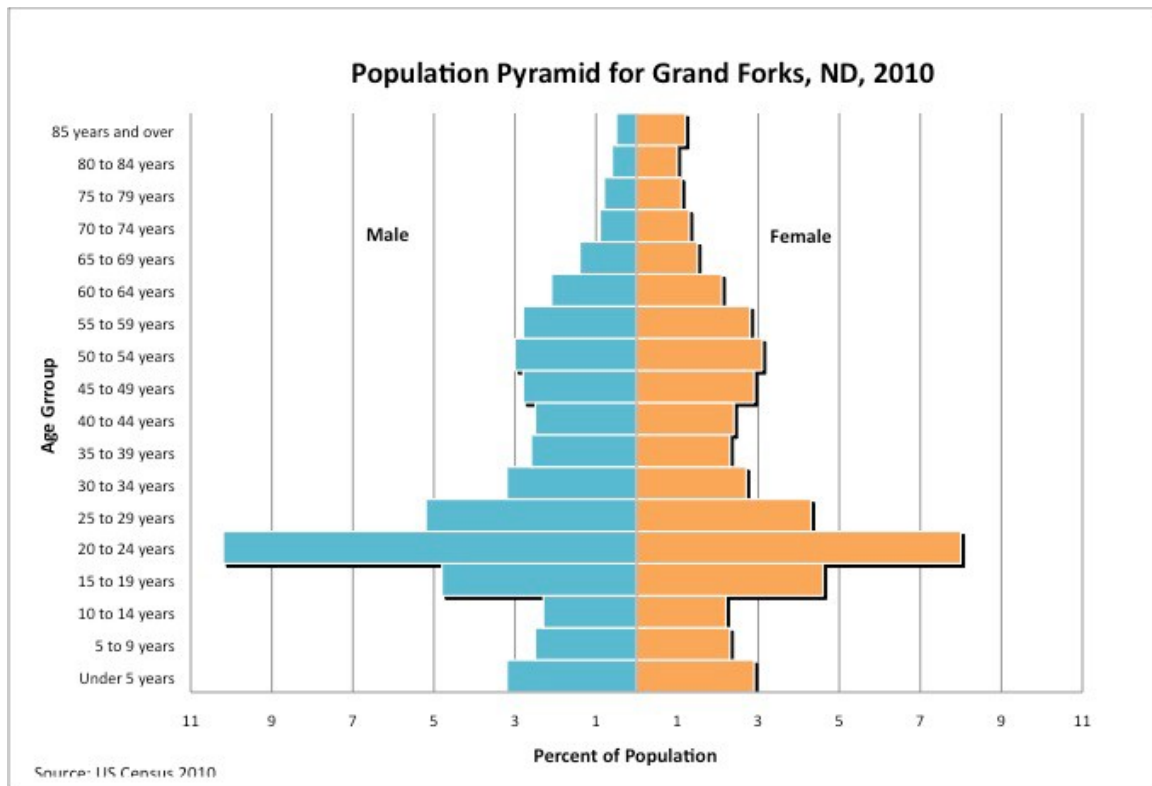


Figure 2. Grand Forks, ND, Population Pyramid, 2010. Source: 2010 U.S. Census

Factors Influencing Aging Communities

There are two reasons why many urban and rural areas are seeing an increase in the elderly population. The effect of elderly in-migration and aging in place are the main contributors to this increase. The in-migration is a direct result of elderly moving from rural communities to urban cities for the variety of services offered such as medical care, shopping, transportation, infrastructure and other amenities (Smets 2012; Glasgow and Brown 2012). When referring to aging in place, many elderly Americans, if asked, would want to live in their own home for the rest of their life. Life is unpredictable though and many communities cannot offer appropriate support for transportation, nutrition, medical and social services to those who choose to grow old in their own home. The lack of services creates a decision, for the elderly individual or couple, to leave their home for assisted living facilities, nursing homes, senior independent living campuses or other

senior living facilities. Policy-makers and the public have to recognize the desire to age in place and plan accordingly (Cutchin 2003; Bookman 2008; Bacsu et al. 2012; Wiles et al. 2012; Lehning 2012).

Aging in Place

Introduction

In the development of place attachment, a known space becomes a place as individuals or a group of individuals attribute a sense of meaning or value to the environment (Rubenstein and Parmelee 1992). The space becomes a place in which the individual develops relationships with other people and with the place itself. Places can vary in a wide range of categories including type and size and the attachment to place may occur on an individual, collective or cultural level (Low and Altman 1992). At the center of place attachment relationships is the depth of the home environment where a series of ever-expanding geographic units including community, region, and country (Thompson-Fullilove 1996). Research on place attachment and aging has focused on the home, the surrounding neighborhood and community (McHugh and Mings 1996; Brown et al. 2003).

Attachment to Home

As an individual ages their meaning and attachment to their home becomes extremely important. Time only builds an abundance of memories that people cherish for a lifetime. For the elderly individual, "...home affords independence by defining a space that is controlled by and is uniquely the domain of the individual. Home is a space in which to pursue personal interests and also, as it is resonant with experiences and expectations, it is a vital facet of self-identity" (Kontos 1998, p. 179). Over time, the home has an increasingly significant role in influencing self-sufficiency, privacy, social

interaction and sense of place that people have (Bylund 1985).

One factor influencing attachment to home is the status of home ownership. For elderly adults, having ownership of a home is often the greatest asset and many times is a reflection of a lifetime of hard work and commitment. Home ownership also may be viewed as proof that older residents can still take care of themselves despite functional decline. Another factor is the cost versus comfort trade whereby the elderly evaluate how comfortable they are in their surroundings in relation to how much those surroundings cost (O'Bryant 1983). With long-term residence, a home becomes highly personalized and provides a sense of comfort that can override the financial burden of maintenance, repairs or a mortgage. These costs may be considered relatively insignificant with the sense of security, comfort and belonging a home can provide. Those benefits emphasize attachment to home and contribute to the decision to age in place (Brown et al. 2003; Bookman et al. 2008; Bacsu et al. 2012; Wiles et al. 2012).

Attachment to Community

In much of the same aspects as attachment to home, attachment to community has a significant influence on aging in place. The most common way to define community is to set it to shared geographical location, in which individuals carry out daily life activities (Proffitt 1993). Therefore, place-based communities are made up of individual's homes and communal neighborhoods that are distinguished by geographical boundaries. Community can also be seen as having a symbolic meaning, representing a group of individuals that share common goals, lifestyles, values and interests (Hummon 1986).

A significant characteristic of a geographic community is a social network that represents a formation of relationships that generate mutual aid, neighboring, security, belonging, and empowerment (Unger and Wandersman 1985). The importance of

geographical community as an element of place attachment has significant meaning in relation to residency and surrounding socialites. A sense of community may be more essential for some specific age groups including the elderly. Attachment to community is thought to increase with age, particularly for seniors who are locally involved, and occupy community leadership roles (Cuba and Hummon 1993; Brown et al. 2003).

The seminal survey conducted by the American Association of Retired Persons (AARP) investigated community attachment among 1,500 adults aged 18 to 85 with half of the sample being adults aged 50 and older (Guterbock and Fries 1997). The results even then showed that the factors involved in community attachment included satisfaction with place of residence, plans to remain in a local area within five years, interaction with neighbors, number of known neighbors and level of community involvement. The findings validate prior assumptions that community attachment was significantly higher for individuals aged 50 years or older (Guterbock and Fries 1997). A correlation between elderly and the increased attachment to community were found because of factors including; home ownership, amount of time the resident lived in the community and having children. One interesting result was a small decrease in the level of community attachment with individuals aged 75 years old and older. This result may be linked with the elderly individual's limitations to daily life activities including difficulties in mobility in later life (Guterbock and Fries 1997).

Impacts of Aging

Housing

One of the biggest challenges with population aging is the demand for senior housing. For many years the continuing growth in the elderly population and the approaching aging of the baby boomers has created cause for concern in community and

specialized senior housing. When constructing or altering senior housing, one must look at the specific needs of a senior citizen. The special needs for senior living facilities may include single floor homes, elevators, parking and bathroom features such as walk-in showers. A developer also must be aware of the location that the facility will be located. The distance to grocery stores, shopping and medical facilities will be a question many seniors will ask when exploring housing options (Burby et al. 1990; Gobillon et al. 2011).

Urban and rural areas cannot hide behind the notion that aging populations will not affect their community. To manage the growing concerns, community officials have to balance the fine line between offering in-home services and providing enough senior living facilities for those who cannot live in their current home. Planning, constructing and supporting senior citizens will be crucial to the success of cities in the near future (Burby et al. 1990; Lehning 2012).

Limitations to Daily Life

The implications of aging demographics have generated healthcare challenges. While an increased life expectancy reveals the advancement and success of medical care there are consequential challenges that arise as a result. There is an increase in the number of people who are suffering from chronic diseases, which ultimately lead to the likelihood of long-term disability and loss of independence (Guralnik et al. 1996). In the United States, approximately 80 percent of all persons aged 65 years or older have at least one chronic condition, such as arthritis, hypertension, hearing loss, heart problems, or diabetes, and 50 percent of these individuals have at least two chronic conditions (King 1991). Furthermore, it is estimated that approximately 42 percent of the elderly experience some functional limitations (Katz 1983).

According to one of the largest historically significant national prevalence surveys of disability, sixteen percent of individuals aged 65 years and older have difficulty with mobility-related activities, and twelve percent struggle with the basic activities of daily living (ADLs) (Guralnik et al. 1996). ADLs include basic self-care tasks, which include feeding, walking, and other activities necessary for life. Instrumental ADLs, better known as IADLs, are the complex skills needed to successfully live independently. IADLs include transportation, shopping, housework and basic home maintenance. As pointed out in the benchmark study of Miller et al. (2000), together ADLs and IADLs epitomize the necessary skills that elderly individuals need to live as independent adults.

Ultimately, the occurrence of functional limitations and rate of individual disabilities is expected to rise and is showing no sign of declining. Estimates from the National Health Interview Survey indicate that the percentage of elderly adults with ADL and IADL disabilities will increase to more than 30 percent over the next two decades, with the greatest increase among those aged 85 years and older (Ostir et al. 1999).

To fully understand what elderly individuals need, a distinction between functional limitations and disabilities must be made. Functional limitations are limitations in accomplishing fundamental physical activities (Verbrugge 1990). These include activities such as difficulty walking, climbing stairs and home maintenance activities. Disabilities can be defined through functional limitations placed in a social context and as the gap between an elderly individual's ability to performing a task and the demands that come with accomplishing that task (Verbrugge 1990). This gap between performing and completing a task can vary but typically a larger gap usually means an increased difficulty in performing day-to-day tasks, an inability to sustain self-sufficiency and eventually will lead to a total loss of independence (Ostir et al. 1999).

The functional status of elderly adults is primarily associated to their underlying chronic disease status and to physiological alteration connected with aging (Fried and Guralnik 1997; Dunlop et al. 2002). According to the Established Populations for Epidemiologic Studies of the Elderly (EPESE), intact mobility was defined as the capability to walk a half-mile and climb stairs without any assistance. The results of the EPESE indicate that 36 percent of individuals aged 65 and older with intact mobility lost their mobility over the next four years. The results also estimated that the probability that these elderly individuals would lose mobility completely would increase by two times with each 10-year increase in age after 65 years old (Guralnik et al. 1993).

As more and more elderly individuals continue to live with functional limitations and chronic conditions associated with aging there is the potential for increased healthcare expenses. Disability is one of the main causes of nursing home institutionalization and hospitalization of the elderly adults. In the United States individuals aged 65 years old and older currently account for 30 percent of healthcare expenditures, with their medical costs exceeding a staggering \$50 billion annually (King 1991). This is just the beginning because of the continual growth of the number of older individuals and because of the advancement of medical technology; healthcare expenses will rise as the population ages (CDC 2003b). The healthcare system has to start taking action; this means keeping elderly individuals self-sufficient status while staying in the comforts of their own home and not in a vulnerable, dependent state (King 1991; CDC 2003).

Community Engagement

Community Development/Neighborhood Revitalization

Cities and neighborhoods are constantly changing throughout time and with that

change there is a need to maintain, restore and improve communities. The development of government agencies and private foundations has integrated a variety of strategies to improve the quality of neighborhoods. Community-based organizations have a significant role in economic and community development efforts throughout the United States (Vidal 1992). To improve neighborhood quality certain investments have to be made within: housing rehabilitation, transportation improvements, maintenance and expansion of infrastructure, maintenance and development of community parks and other public land were all part of enhancing communities (Vidal 1992). The object of community development investments is to improve the quality of the neighborhood for those who live there, which in time, new residents and businesses can make new investments that will continue to increase the neighborhood quality (Steinbach 2003). The challenging aspect of community-based programs is that every city and neighborhood has special needs and objectives. Community-based program must know their environment, what the residents need and want and what resources the community has to offer (Chavis et al. 1990; Gravenkemper 2007).

Neighbors Helping Neighbors Program

One program to assist individuals who are struggling is called the Neighbors Helping Neighbors (NHN) Program. NHN Programs have been set up in numerous cities throughout the United States with different approaches and objectives in mind. The main goal of a NHN Program is to promote a citywide or neighborhood volunteer initiative focusing on the importance of community engagement, crime prevention, providing assistance to those in need, neighborhood pride, and volunteerism.

At the University of Utah – College of Social Work a NHN Program has been set up to provide assistance to elderly individuals who do not qualify for public services and

cannot pay for private services. This program was initiated in 1997 and has become a standard of excellence to which other programs now aspire. It began when Wilford Goodwill had a personal experience with his own mother. Goodwill's mother was aging and deteriorating mentally and physically. A limited availability in services was offered in the Utah area for older adults and something had to be done. His generosity and partnership with the University of Utah established the NHN Program. The mission of NHN Program is to improve the health, safety, and quality of life of community-residing older adults through the promotion and maintenance of independent living (NHN 2003). The NHN Program provides services to those in need, free of charge, regardless of their income (University of Utah: College of Social Works: Neighbors Helping Neighbors Website 16 February 2014).

Like many other programs, evaluations and satisfaction are vital to its success. The primary purpose of program evaluation is to find out if the program has achieved its goals and analyze feedback for reviewing the quality of services, making improvements and promoting the program (Kelly-Gillespie et al. 2012; Kelly-Gillespie and Wilby 2012). For the case of Utah's NHN Program, a study was completed to determine the effectiveness of the NHN by surveying volunteers and program participants (Trickey et al. 2005). The goal was to find what impact the NHN Program had on the participants, had the NHN Program affected their quality of life, what services had the most impact on program participants and had volunteering helped volunteers feel that they had made a difference in their community (Trickey et al. 2005).

Volunteer Options

Volunteers have an important role in the community development programs and in an aging in place. Every individual volunteer has their own set of skills and

background that help the program to offer a variety of services for almost any situation. The elderly individuals, who are determined to live independently in their own home, may need assistance in services to achieve that goal. Services can be as little as providing transportation to obtain medicine or mowing the grass. Having volunteers provide these services are crucial to have in any community development program helping individuals to age in place (Stoller and Earl 1983; Alley et al. 2007; Kelly-Gillespie and Wilby 2012).

Studies have shown that volunteering not only benefits the community and the individuals on the receiving end of the volunteerism, but affects the volunteer as well (Marek 2004). Volunteering can be a great way for people to improve their mental state of being and increase physical activity. Interaction with other individuals, being active and improving quality of life is not only satisfying to the individual but also beneficial for the entire community (Bowling et al. 2003; McDonough et al. 2011). Connecting volunteering to the community development shows that everyone involved learns, grows, strengthens, and in turn helps the community to grow, strengthen, and hopefully come together as a whole, providing cohesion, instead of hundreds or thousands of individuals (Kretzman and McKnight 1993). Now that the literature review is completed, it is appropriate to introduce the reader to the study area for this research.

CHAPTER III

STUDY AREA

History of Grand Forks and Near Southside Neighborhood

The NSS is a part of the Grand Forks Mayor’s Urban Neighborhood Initiative (MUNI) program that is responsible for helping a designated neighborhood within the city. “The MUNI was proposed as a catalyst and tool to assist in developing grassroots solutions, community-wide collaboration and corporate involvement in our community's established neighborhoods and ensure that they continue to provide a viable, vital, vibrant place for current and future residents to live” (City of Grand Forks MUNI Website 15 February 2014). The Near North Neighborhood (NNN) was the first neighborhood selected by the MUNI in 2007. The NNN and MUNI worked together for five years, making improvements to garbage collection, recycling, dilapidated sidewalks, neighborhood parks and neighborhood safety concerns. In the summer of 2012 the MUNI changed its focus from the NNN to the NSS. According to the Grand Forks MUNI, “As one of Grand Forks’ oldest residential neighborhoods, the NSS was a logical MUNI successor to the NNN. A transitional area between downtown Grand Forks and “traditional” residential neighborhoods, the NSS offers unique challenges and opportunities” (City of Grand Forks MUNI Website 15 February 2014).

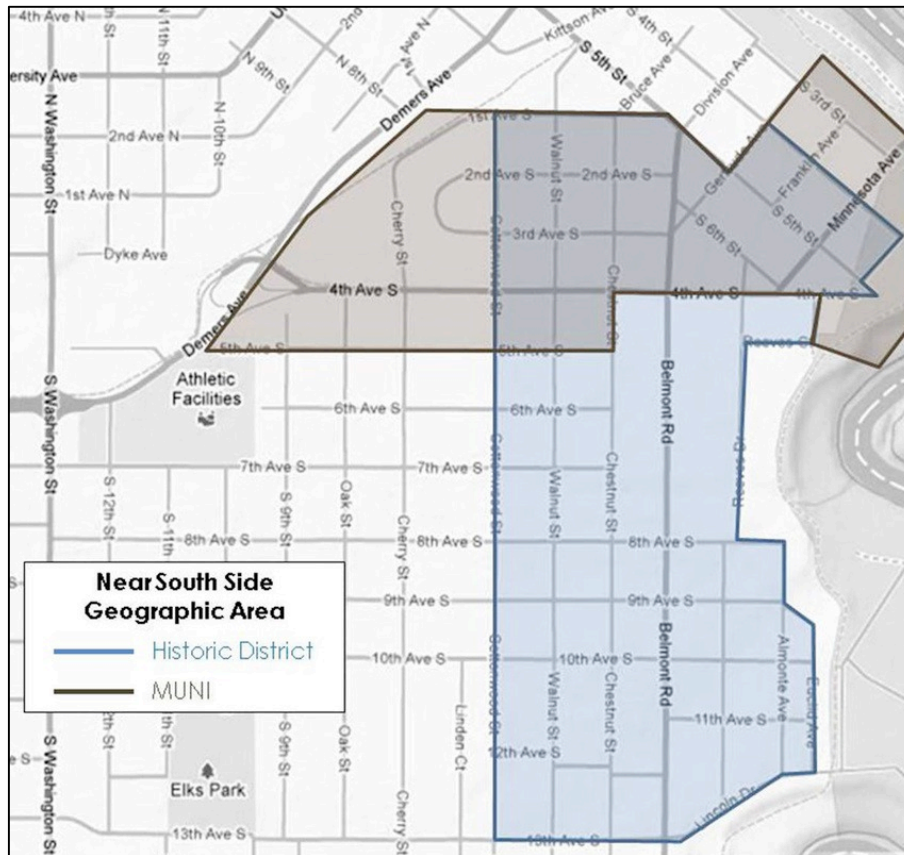


Figure 3. Map of the Near Southside Neighborhood, Grand Forks, ND. Source: City of Grand Forks MUNI

The Grand Forks MUNI program exemplifies that communication is the foundation to achieve neighborhood revitalization. One great feature with the MUNI is that monthly meetings are established within NSS to discuss current issues. Members from the neighborhood, elected officials, city staff, students and staff from the University of North Dakota (UND) are present at these monthly meetings. City staff and officials use their resources, including the Community Development Block Grant (CDBG), to assist in neighborhood initiatives and overall promoting community engagement in the NSS. “An immediate goal of the MUNI is to raise awareness of city services and resources, but long-term goals – and how to reach them – are up to the NSS neighborhood and its residents” (City of Grand Forks MUNI Website 15 February 2014).

Some projects that have already been completed are painting and fixing 10 Walnut St. Storage Unit, a traffic study, NSS logo contest, re-landscaping and re-dedication of the GAR Memorial, completion of a neighborhood mural and several other mapping and neighborhood research done by UND students.

NSS MUNI Property Information

Selecting the NSS was carefully analyzed by the City of Grand Forks. Property information was collected to display how the neighborhood is structured. According to Table 1, there are 362 properties in the NSS, 274 of those properties are residential. That means more than 75 percent of the properties are occupied by residents of Grand Forks. Of the 274 residential properties there are more owner-occupied properties than rental-occupied properties. Owner-occupied residential properties are a great benefit to a neighborhood and the surrounding community. The owner has a personal connection to the home itself and the community. Maintaining the value of your own home gives the resident a reason to care about his or her neighborhood conditions. Ownership may lead to the resident getting involved in the neighborhood to ensure the well-being of the community, and a feeling of a sense of belonging. With a high percent of residential properties it was a logical choice for the MUNI to select the NSS (Burby and Rohe 1990; Rohe and Stewart 2001; Brown et al. 2003).

Table 1. Property Characteristics and Ownership in the NSS, Grand Forks, ND

	Number	Percent %
Properties		
Owner-Residential	156	43%
Rental-Residential	118	33%
Non-Residential	40	11%
Vacant Lots	48	13%
Total	362	
Residential Properties		
Owner	156	57%
Rental	118	43%
Total	274	
Rental Properties		
Apartments	34	29%
Duplex	41	35%
Single Family	38	32%
Triplex	5	4%
Total	118	

Source: City of Grand Forks, Summer 2012

Residential property values and the age of the property can say a lot about a neighborhood and community. The NSS is no exception and there are a relatively high percentage of homes built before 1899. The next largest percentage is homes built between 1900-1924. It is clear to see why the NSS is considered and recognized as a Historic Neighborhood in Grand Forks. Older homes add character to a community but also have a significant increase in the cost of maintenance. According to Table 2, we see a wide range of property values in the NSS. I believe the increased cost in maintaining older homes has a direct result with the variety of property values. Some people can afford to make the necessary improvements to increase home values, while other people struggle to afford improvements and the home value decreases (O'Bryant 1983; Burby and Rohe 1990; Rohe and Stewart 1996; Brown et al. 2003).

Table 2. Residential Property Age and Value in the NSS, Grand Forks, ND

	Number	Percent %
Properties by Year Built-Resident		
1878-1899	122	44.5%
1900-1924	89	32.5%
1925-1949	26	9.5%
1950-1974	15	5.5%
1975-Present	22	8.0%
Total	274	
Residential Property Values		
\$17,500 - \$49,999	15	5%
\$50,000 - \$74,999	51	19%
\$75,000 - \$99,999	60	22%
\$100,000 - \$124,999	64	23%
\$125,000 - \$149,999	30	11%
\$150,000 - \$174,999	21	8%
\$175,000 - \$199,999	10	4%
Over \$200,000	23	8%
Total	274	

Source: City of Grand Forks, Summer 2012

The NSS has a variety of different property types (Table 3). When establishing the MUNI, or developing a NHN Program, it is important to understand the neighborhood assets. For a NHN Program the biggest factor is the number of single family properties, 194. This signifies that there are a substantial amount of residential properties in the neighborhood. Probably the next most important property type for the NHN Program are the churches in the NSS. The NSS has five churches: Cottonwood Community Church, St. Paul's Episcopal Church, St. Mary's Church, United Lutheran Church and New Life Foursquare Church. Churches can be a useful resource in community engagement programs. They serve as a meeting place for members of the community and have the potential to provide volunteers to a NHN Program (Vidal 2001).

Table 3. Properties by Type in the NSS, Grand Forks, ND

Property Types	Number
Apartments	34
Churches	5
Clubhouses	1
Dike/Greenway	2
Duplex	41
Garage, Auto Storage	1
Garage, Service	1
Group Care Homes	1
Lift Stations	1
Markets	1
Non Buildable Lot	1
Outbuilding Only	3
Parking/Yard IMPVTS	6
Parks/Open Space	8
Public Buildings	5
Retail Stores	1
Single Family	194
Service Stations	1
Triplex	5
Utility Railroad Co.	1
Vacant Commercial Land	6
Vacant Lot	42
Total	362

Source: City of Grand Forks, Summer 2012

The NSS is a great neighborhood for the Grand Forks MUNI and for the development of a NHN Program. The City of Grand Forks selected this neighborhood for a reason, communication, ideas and program development is important to the success or failure of the NSS MUNI. The NSS needs improvements to keep up with the fast growing development of South Grand Forks. The NSS has so much character and history that is the duty of the city take a stand and help this neighborhood. A NHN Program will help with exterior home maintenance and yard work, all which help increase the visual aesthetic of the neighborhood but more importantly, will increase neighborhood property values. Now that the study area has been described it is appropriate to examine the methods which underlie how the needs assessment was created and conducted in 2014.

CHAPTER IV

METHODS

Introduction

In this part of the thesis the methods are presented according to how the process of research unfolded. This enabled the study to be undertaken to complete it successfully in terms of answering the five research questions which are presented later in this chapter.

Research and Data Collection

The first task was to make contact with the NSS Neighborhood Association. Through past projects, UND had a working relationship with the NSS. After speaking with Dave Fewster, President of the NSS Neighborhood Association, and other residents it was clear that one concern was helping the senior population within the NSS. Listening and addressing the neighborhood concerns became the priority of this thesis. Participation and regular attendance in monthly NSS meetings was important to gain the trust and respect of the residents. Consequently, the goal became to identify the problem areas and the struggling population age group and determine through surveys, what services they needed help with. Important information needed to establish a NHN Program is the identification of the needs and services the senior population needs to successfully age in place.

Survey, and other involvement, was completely voluntary for all participants and

each participant was provided with a consent form. All survey and interview questions were submitted and approved by the Institutional Review Board (IRB). “The IRB is responsible for ensuring that the rights and welfare of human subjects in social behavioral and biomedical research are protected” (UND IRB Website 20 February 2014). To help with the cost, an application was submitted to the Geography Department at the University of North Dakota for funding the production of two survey and distribution of those surveys. The Geography Department approved the application and assistance was provided for both surveys.

At this point it is appropriate to restate the five research questions as they underlie the surveys that were undertaken in the manner explained in the following paragraphs. These are the five key research questions: 1). What are the demographic, social and economic characteristics of the senior population in the Grand Forks area? 2). What services are needed for the seniors in the Grand Forks area? 3). What are the demographic, social and economic characteristics of the NSS residents? 4). What services are needed in the NSS? and 5). What type of volunteer options can benefit the NSS senior population?

For the first survey, contact with the Executive Director of the Grand Forks Senior Center, Colette Iseminger, was needed for her permission to use the Senior Center and survey the seniors in attendance. Permission was given to use the Senior Center as a location to distribute a survey to the seniors attending breakfast, lunch and coffee times. There would be about 25-35 individuals attending breakfast and approximately 100 individuals attending lunch at the Senior Center daily. Also, this personal setting gave me the chance to sit down and discuss issues with the seniors at the Senior Center. This informal interview setting provided me with valuable information on the senior

community in Grand Forks Area. The specific age-cohort participants were chosen because they are best matched to provide valuable information on the research questions (Quinn Paton 1990). Using Morse and Field (1995) as an example, the focus was more on the appropriateness and adequacy of the study sample rather than the sample size (Morse and Field 1995). The survey covers a variety of issues but the main focus is the collection of demographic, social and economic characteristics of the senior population in the Grand Forks area, research question #1, and services needed for seniors in the Grand Forks Area, research question #2.

Once the first survey at the Senior Center was completed a second survey was distributed to the residents in the NSS. Because this survey was issued to all of the residents in the NSS, the variety of ages will affect the desire and services needed for the NHN Program. Therefore, this survey covered issues including how to handle a needs assessment for a NHN Program, services needed to sustain the program, neighborhood participation level and volunteer opportunities. The first part of the NSS survey was used to gather the demographic, economic and social characteristics of the NSS and was obtained by analyzing answers to research question #3. The part of the NSS survey to gather data on the services needed in the NSS was revealed using three questions associated with research question #4 as noted in Appendix C. The final part of the survey had different questions regarding volunteering and community strengths which are the focus of research question #5.

The overall purpose of the two surveys was to gather data that could be used to assess aging services in Grand Forks and the NSS. The use of mix-methodology allows for the more opinions on the issue and ensures creditability to the results and potential implementation of a NHN Program (Schultz et al. 2004; Hays 2004). A survey can only

provide general answers, where the respondent is limited to the questions that are asked. Interviews and focus groups can be personal and respondents have the freedom to discuss their concerns on the issue. "...the usefulness of multimethods research emerges in the potential to investigate different aspects of the phenomenon under study" (Schultz et al. 2004, p. 276).

Coding both surveys was the first step in data analysis and included categorizing important words, phrases or paragraphs in a transcript and giving it a label to provide meaning to the data. According to Strauss and Corbin (1998, p. 101), "open coding is the analytic process through which concepts are identified and their properties and dimensions are discovered in data". Coding is mandatory by the IRB for security purposes and so that individuals cannot be identified through the questions answered.

After both surveys were distributed, collected and coded, the data was processed and analyzed. The most important data distilled from both surveys were the responses to what services are most important to age in place in Grand Forks and the NSS. Those responses eventually will determine how a NHN Program can be implemented, what services could be provided and what volunteer opportunities could be managed successfully in a NHN Program. Ultimately, it will be the members of the NSS Neighborhood who make the decision if they would like to follow through and implement the proposed NHN Program. Having explained the methodology and data collection, it is appropriate to look at the results of both surveys. However, the next chapter emphasizes the Grand Forks Senior Center survey whereas the chapter following it highlights the NSS survey.

CHAPTER V

RESULTS AND DISCUSSION OF THE GRAND FORKS SENIOR CENTER SURVEY

Introduction

This chapter presents the results and discussion of the Grand Forks Senior Center Survey distributed at the Grand Forks Senior Center. Out of the 65 surveys distributed to individuals at the Senior Center, 55 were completed and received; a return rate of 85 percent. Interaction and participation was high and the responses were helpful in answering my research questions.

Research Questions

Research Question #1: What are the demographic, social and economic characteristics of the senior population in the Grand Forks area?

The first research question, “What are the characteristics of the senior population in the Grand Forks area?”, was answered through the first nine question in the Grand Forks Senior Center survey. Data shown Table 4, Table 5 and Figure 4 show the characteristics of the senior population in the Grand Forks area. Table 4 shows that all survey participants were 55 years and older with an even distribution of males and females. The age cohort with the highest percentage was between 75-84 years of age. According to the Executive Director of the Grand Forks Senior Center, Colette Iseminger,

most seniors that utilize the senior center are closer to 70 years of age and older. It usually takes a few years for individuals to understand what the center is offering and for them to feel comfortable attending. The most influential statistic in Table 4 is the percentage of individuals living alone (53 percent) and the percentage of individuals with an annual income of under \$20,000. Through informal conversations many seniors are living off of social security and stated that this compensation is barely enough to live on. High cost in medical expenses, living and other factors contribute to the low income levels (King 1991; CDC 2003b). Many individuals still owned their home (54 percent) but most stated that they cannot go anywhere else because rent is too high and their homes are already paid off. The survey also highlighted one other crucial question which was, do you live in the NSS? More than a third (36 percent) said they did live in the NSS. The NSS is in close proximity to the Grand Forks Senior Center definitely and provides easy access for NSS seniors.

Table 4. Grand Forks Area Seniors: Demographic, Social and Economic Responses

	Number	Percent%
Age (n=55)		
Under 54	0	0%
55-64	6	11%
65-74	14	25%
75-84	27	49%
85-94	8	15%
Over 95	0	0%
Gender (n=53)		
Male	26	49%
Female	27	51%
Income (n=44)		
Under \$20,000	29	66%
\$20,001-\$39,999	5	11%
\$40,000T-\$59,999	4	9%
Over \$60,000	6	14%
Housing (n=54)		
Own	29	54%
Rent	25	46%
Living Situation (n=55)		
Alone	29	53%
Not Alone	26	47%
Live in NSS (n=50)		
Yes	18	36%
No	32	64%

Data shown in Table 5 and Figure 4 show the senior perspective of the Grand Forks community. Each individual had their own perspective on the good, bad and ugly of their own neighborhood in Grand Forks. Table 5 is tries to capture that perspective by three simple questions; the individual’s residential commitment, how well do they know their neighbors and how they rate their neighborhood? The first question of the individual’s residential commitment had a 97 percent response rate between “very” (72 percent) and “somewhat” (25 percent) committed to their current resident.

It was highly evident when speaking with the seniors that they wanted to stay in their homes as long as they possibly could. The strongest commitment came from those individuals that still owned a home. Furthermore, Figure 4 reveals that 32 percent of respondents have lived at their resident between 11 and 20 years and 35 percent of respondents have lived at their resident for 21 year and over. These relatively high percentages border on being astonishing numbers which can help substantiate the anecdotal evidence about the importance of aging in place. These senior residents have built a life, family and countless memories in their own home and they do not want to lose them (Brown et al. 2003; Bookman et al. 2008; Bacsu et al. 2012; Wiles et al. 2012). The “how well do you know your neighbors?” question had an unexpected response for this researcher. My expectation was there to be a much higher percentage of individuals that knew their neighbors very well. Only 16 percent said that they knew them very well and 51 percent of responses said that they knew they neighbors pretty well. For a small community of Grand Forks I expected this number to be a lot higher especially in the senior community. After speaking with many individuals, those that have lived in their homes for over 20 years, the one reason why little or no relationship is built between neighbors is because of an increase in transit renters. Most of the older communities and homes have been converted to rental housing for students and young families. It was a growing concern for many seniors and one that they hope will change in the future. The last question is their overall neighborhood rating. Eighty-seven percent rated their neighbor as excellent (34 percent) or good (53 percent). Common responses to these high ratings were the memories that their neighborhood has given them (Cuba and Hummon 1993; Guterbock and Fries 1997; Brown et al. 2003). Some negative responses were concerns that the neighborhood was too transit with renters and many dilapidated homes.

Table 5. Grand Forks Area Seniors: Residential-Community Responses

	Number	Percent%
Resident Commitment (n=53)		
Very	38	72%
Somewhat	13	25%
Not very	0	0%
Not at all	2	3%
How well do you know your neighbors? (n=55)		
Very well	9	16%
Pretty well	28	51%
Well	13	24%
Not at all	5	9%
Neighborhood Rating (n=55)		
Excellent	19	34%
Good	29	53%
Fair	6	11%
Poor	1	2%

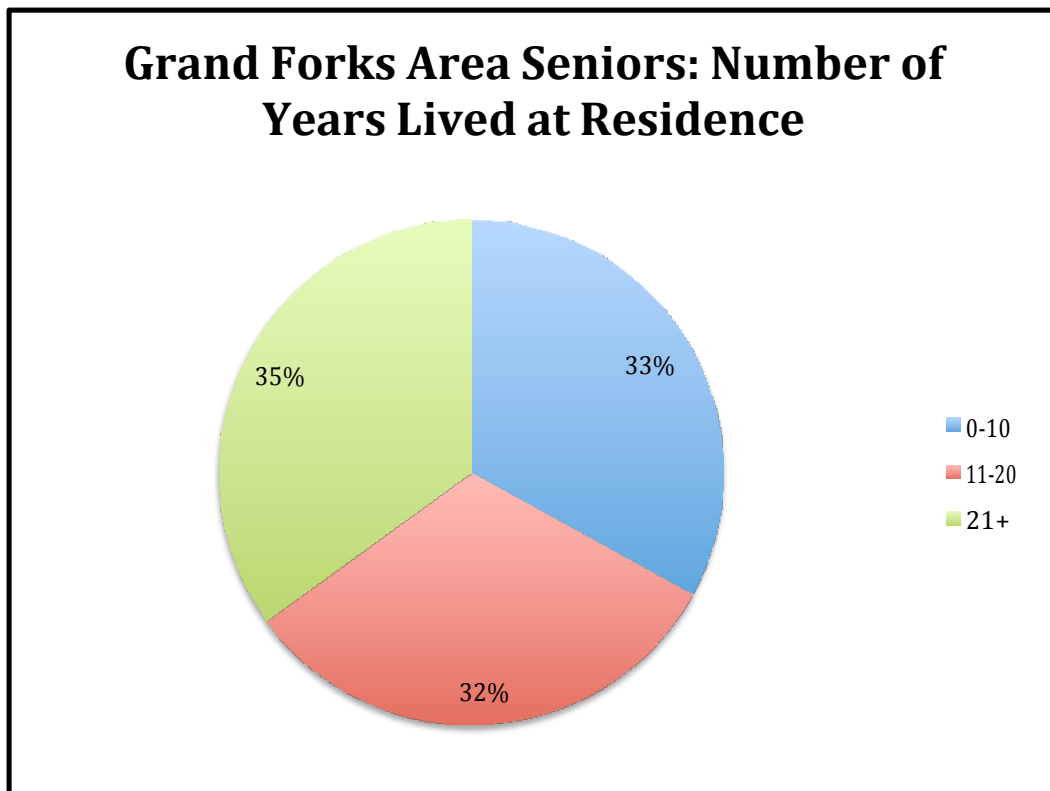


Figure 4. Grand Forks Area Seniors Response to Number of Years Lived at Residence

*Research Question #2: What services are needed for
the seniors in the Grand Forks area?*

Probably the most influential section of the survey for developing a NHN Program was the responses to the need for aging services in the Grand Forks area. Some questions were formulated based on previous studies but most were modified to collect useful information specifically for the NHN Program in the NSS (University of Utah; NHN 2003; Trickey et al. 2005; Kelly-Gillespie et al. 2012; Kelly-Gillespie and Wilby 2012). Below in Table 6 are the responses to the aging services questions. This information was processed and analyzed to answer research question #2. Each individual had the opportunity to check all answers that apply to him or her. There was a lack of responses for this section; factors could have included: the wording of the questions, difficulty of

the questions or the multitude of possible responses.

The first question asked in Table 6 was, “Do you have trouble finding help in the following areas?” The highest response was trouble finding help in snow removal (25 percent) with home maintenance (20 percent), raking (17 percent) and mowing the lawn (16 percent) as the next highest. The second question is, “Do you need help in any of the following?” The top five answers were house cleaning (16 percent), snow removal (15 percent), mowing the lawn (12 percent), assistance with technology (11 percent) and leaf raking (10 percent). There is still a good percentage of seniors still living in their own home. As senior citizens start to age it becomes difficult to keep up with the demand on maintaining a home (Katz 1983; Verbrugge 1990; King 1991; Guralnik et al. 1996; Miller et al. 2000). Now, some people would think why not just pay for these services and not worry about them? The answer is simple when examining Table 4; 66 percent of individuals have an annual income of under \$20,000. Fixed incomes limit the ability to hire out these services. It is also shown in the question, “Are you willing or able to pay for services?” Fifty-seven percent of seniors had a response of “NO”. So the question now becomes do these seniors feel there is a need for a program designed to help them in aging? Seventy-eight percent of seniors said there is a need for a program in the Grand Forks area. Conversations with seniors found that it would not have to be a daily thing but once every couple weeks or once a month would make a crucial difference in helping seniors achieve a higher quality of life. The one question that is crucial to a NHN Program is who would seniors trust to help them with daily tasks or aging services? Surprisingly the lowest percentage of response was having neighbors help, only 13 percent or responses said that they would have neighbors help. Readers may say, well now what? How can we have a NHN Program when people do not trust their neighbors? Through

conversations with the seniors the solution is we need to bring the neighbors, neighborhood and community closer together (Chavis et al. 1990; Vidal 1992; Gravenkemper 2007; Trickey et al. 2005; Kelly-Gillespie et al. 2012; Kelly-Gillespie and Wilby 2012). The establishment of neighborhood block parties or other events would help to get people out of their homes and conversing. Over time, these small events will make a lasting relationship that will strengthen the bond between neighbors and develop residents that truly care about their neighborhood. The next chapter highlights the NSS survey in order to reinforce the findings in this chapter but also to expand how the needs assessment is significant to the study area as a whole.

Table 6. Grand Forks Area Seniors: Need for Aging Services

	Number	Percent%
Trouble Finding Help (n=77)		
Shoveling/Blowing Snow	19	25%
Home Maintenance	15	20%
Raking	13	17%
Mowing the Lawn	12	16%
Driving	8	10%
Walking	5	6%
Shopping	5	6%
Help in any of the following (n=100)		
Housecleaning	16	16%
Snow Removal	15	15%
Mowing the Lawn	12	12%
Assistance with Technology	11	11%
Leaf Raking	10	10%
House Sitting	6	6%
Weatherizing	5	5%
Meal Preparations	5	5%
Running Errands	4	4%
Transportation	4	4%
Aging in Place	4	4%
Home Modifications		
Gardening	3	3%
Laundry	2	2%
Shopping	2	2%
Bill Paying	1	1%
Phone Check-ins, Friendly Visits	0	0%
Willing or able to pay for services? (n=44)		
Yes	19	43%
No	25	57%
Need for a program to help elderly? (n=50)		
Yes	39	78%
No	11	22%
Who would you trust to help you with daily tasks? (n=133)		
Family Members	42	31%
Religious Organizations	28	21%
Community Organizations	25	19%
Youth Volunteers	21	16%
Neighbors	17	13%

*Respondents could check all answers that applied

CHAPTER VI

RESULTS AND DISCUSSION OF THE NSS SURVEY

Introduction

This chapter presents the results and discussion of the NSS survey distributed by mail to residents of the NSS Neighborhood. This survey was based largely upon the research from the University of Utah, NHN (2003), Trickey et al. (2005), Kelly-Gillespie et al. (2012) and Kelly-Gillespie and Wilby (2012). Thus, the findings for this second survey in the study area is tied to the literature related to section on Neighbors Helping Neighbors Programs as presented in Chapter II.

The NSS survey was distributed to 200 residential properties in the NSS. Fifty-three surveys were completed and received; a return rate of approximately 26 percent. Once the first survey was distributed, processed and analyzed, then challenges were addressed and implemented to have a richer context for the NSS survey. A first part of the NSS survey was used to gather demographic, social and economic characteristics of the NSS to answer research question #3. Similarly, the answer to research question #4 is related to the specific questions regarding the NSS residential perspective and rating, input on a community service program in the NSS including what services residents would like to have in the neighborhood (Appendix C). Volunteer interest in such a program, the focus of research question #5, was difficult to ascertain. The NSS survey results were difficult to interpret because the survey was distributed to all ages. The questions had to be generalized for a community service program intended to help those

in need. It was encouraging to see the responses as they reflected a desire to have a more connected and helpful neighborhood.

Research Questions

Research Question #3: What are the demographic, social and economic characteristics of the NSS residents?

The first series of questions asked in this survey were demographic, social and economic characteristics of the NSS. This information is extremely useful in understanding the composition of the neighborhood. The data in Table 7, shows there is a fairly even distribution of ages ranging from 25 to 74 years old. The largest age cohort is between 45 to 54 years old with 28 percent. The data shows that the NSS is an aging neighborhood with an even distribution of males (45 percent) and females (55 percent). An influential statistic discovered was the number of home owners versus the number of renters. Of the 53 responses, 48 (91 percent) owned their home compared to 5 (9 percent) renting. This number can be a little misleading because according to research, many renters choose not to participate in community surveys because they do not feel as connected to the neighborhood (NHN 2003; Trickey et al. 2005; Kelly-Gillespie et al. 2012; Kelly-Gillespie and Wilby 2012). Another question asked was, the number of persons in the household? Thirty-one percent of responses stated that there is only one person in the home and 29 percent have two people in their home. Comparing this number to the aging demographic of the NSS, I think how will these individuals take care of themselves as they age? How will the neighborhood change as the population continues to age? All of these questions are needed and should be addressed. Again, research has shown that as individuals age their body limits them to achieve daily home maintenance tasks (Katz 1983; Verbrugge 1990; King 1991; Guralnik et al. 1996; Miller

et al. 2000). The NSS is already an older neighborhood, what can be done to maintain and improve the neighborhood so it remains a desired place to live.

Table 7. NSS Demographic, Social and Economic Responses

	Number	Percent%
Age (n=54)		
18-24	0	0%
25-34	8	15%
35-44	8	15%
45-54	15	28%
55-64	9	16%
65-74	8	15%
74-84	5	9%
Over 85	1	2%
Gender (n=56)		
Male	25	45%
Female	31	55%
Housing (n=53)		
Own	48	91%
Rent	5	9%
Number of persons in household (n= 52)		
1	16	31%
2	15	29%
3	7	13%
4	9	17%
5+	5	10%

Questions identified in Table 8 were designed to gather the neighborhood perspective. The same questions were used from the first survey as they are appropriate for understanding how residents feel about their neighborhood. The first question is the individual's residential commitment. The data in Table 8 shows that 38 percent of the 52 responses were "very" committed to their residence with 46 percent saying that they were "somewhat" committed. These numbers are encouraging for the NSS but to be expected with the relatively high percentage of home ownership in the respondents. The second question was, "How well do you

know your neighbors?” Interestingly, there were zero responses to residents knowing their neighbor very well and only 34 percent of responses said pretty well. Probably more meaningful is 24 percent of respondents that said they did not know their neighbors at all. Most individuals that responded “not at all” made a note of how transit the NSS is and that many residents had renters for neighbors that seemed uninterested in getting to know them. To this researcher, it is discouraging that the neighborhood cannot grow socially because of the separation of owners versus renters. The last question used to gather the neighborhood perspective of the NSS was rating the neighborhood overall. Fifty-six percent of the 52 responses rated the neighborhood “good” and 25 percent rated the neighborhood as “excellent”. Again, the only criticisms reported were that the NSS was too transit, too many renters and there were a lot of homes that are not maintained. NSS survey respondent #51 stated; “There are many rentals in the area that turn over often. It is hard to get to know the new people”.

Table 8. NSS Residential-Community Responses

	Number	Percent%
Residential Commitment (n=52)		
Very	20	38%
Somewhat	24	46%
Not very	3	6%
Not at all	5	10%
How well do you know your neighbors? (n=53)		
Very well	0	0%
Pretty well	18	34%
Well	22	42%
Not at all	13	24%
Neighborhood Rating (n=52)		
Excellent	13	25%
Good	29	56%
Fair	9	17%
Poor	1	2%

Research Question #4: What services are needed in the NSS?

Collecting information and understanding neighborhood needs is very important when trying to start up a neighborhood or community-based program. Three modified questions were used from the Grand Forks Senior Center survey, to gather this information; “Do you feel there is a need for a program to help those in need in the NSS?”; “Do you need help in any of the following and who would you trust to help you?” This portion of the survey was a little troubling. There was a limited number of responses to the question, “Is there a need for a program to help those in need in the NSS?” The data in Table 9 shows the question only had 17 responses, although 71 percent of the response said “YES” it is hard to put a lot of meaning what the NSS actually thinks. The second question, “Do you need help in any of the following?”, had a higher rate of response. Keeping in mind that this survey was distributed to all residents with a wide age distribution, weatherizing (22 percent), snow removal (20 percent), yard work (17 percent) and house sitting (12 percent) are the top four answers.

Three out of the top four responses are directly related to home maintenance. The NSS is an older neighborhood and maintenance becomes a major responsibility to the homeowner especially with the extreme winters in Grand Forks. As mentioned before, the maintenance becomes even more of a challenge as the population ages in the NSS.

The last question used to gather neighborhood needs was; “Who would you trust to help you with daily tasks?” Almost half (49 percent) of the respondents trusted family members the most followed by religious organizations (23 percent), neighbors (12 percent), community organizations (10 percent) and youth volunteers (6 percent). It is not surprising that family members ranked so high on both the NSS survey and the Grand Forks Senior Center survey. If family is close it is easy to rely on them to help but this is not always the case for many individuals which makes it much more difficult to find help. It was nice to see that the NSS respondents had “neighbors” in the middle of the group compared to being last in the Grand Forks Senior Center survey. It makes me think that the NSS is closer than expected but even reading through the comments many individuals wrote that if the NSS was not as transit they would have a closer bond to their neighbors. Using the rankings, ideas can be drawn to see what groups or organizations could be used to help those in need in the NSS or a potential NHN Program.

Table 9. NSS Community Service Responses

	Number	Percent%
Need for a program to help those in need in NSS? (n=17)		
Yes	12	71%
No	5	29%
Need help in any of the following (n=41)		
Weatherizing	9	22%
Snow Removal	8	20%
Yard Work	7	17%
House Sitting	5	12%
Housecleaning	3	7%
Shopping	2	5%
Assistance with Technology	2	5%
Running Errands	2	5%
Transportation	2	5%
Phone check-ins, Friendly visits	1	2%
Laundry	0	0%
Meal Preparations	0	0%
Who would you trust to help you with daily tasks? (n=90)		
Family members	44	49%
Religious organizations	21	23%
Neighbors	11	12%
Community organizations	9	10%
Youth volunteers	5	6%

*Respondents could check all that apply

*Research Question #5: What type of volunteer options can
benefit the NSS senior population?*

One of the more important factors in starting a community or neighborhood-based program like a NHN Program is having individuals or groups willing to volunteer (NHN 2003; Trickey et al. 2005; Kelly-Gillespie et al. 2012; Kelly-Gillespie and Wilby 2012). Two basic questions were used to understand if the NSS was interested in participating in a neighborhood-based program and what are the individual's strengths inside the NSS. Data in Table 10 shows a total of 46 individuals responded to whether or not they were interested in volunteering. Of the 46 responses, 26 (57 percent) said "NO"

and 20 (43percent) said, “YES”. It was a little disappointing to see that “NO” had more than half of the responses. After reading and reviewing the comments, the most common reason why individuals said “NO” was the lack of time or that they were struggling themselves. It was very encouraging to see one hundred responses to the community volunteer strengths question. Phone check-ins or friendly visits had the highest response percentage of 17 percent. Check-ins or friendly visits ranked one of the lowest in community needs section but ranking this high in volunteering could indicate that individuals in the NSS want to be active in the in their neighborhood. Other rankings were: pet care (15 percent), yard work (10 percent), grocery shopping or meal preparation (10 percent), running errands (9 percent), minor home repairs or maintenance (8 percent), planning social events (7 percent), transportation (7 percent), light housekeeping chores (6 percent), snow removal (5 percent), helping schedule volunteers (3 percent) and electronic assistance (3 percent). Comparing the rankings to responses in the NSS survey and the Grand Forks Senior Center survey shows that needs would not be achieved through volunteers. Many individuals were seeking help in home maintenance aspects like snow removal, yard work and other minor home repairs. Somehow, if a program were to be established, these issues would have to be addressed to help the needs of the NSS and senior population.

Table 10. NSS Community Service Volunteer Responses

	Number	Percent%
Interested in volunteering? (n=46)		
Yes	20	43%
No	26	57%
Community Volunteer Strengths (n=100)		
Phone check-ins or friendly visits	17	17%
Pet care	15	15%
Yard work	10	10%
Grocery shopping or meal preparation	10	10%
Running errands	9	9%
Minor home repairs/maintenance	8	8%
Planning social events	7	7%
Transportation	7	7%
Light housekeeping chores	6	6%
Snow removal	5	5%
Helping schedule volunteers	3	3%
Electronic assistance	3	3%

*Respondents could check all that apply

Having now discussed the second of the two surveys, it is time to present the conclusion of this study in Chapter VII.

CHAPTER VII

CONCLUSION

Introduction

The Grand Forks Senior Center survey and the NSS survey were extremely beneficial to this study and hopefully to the Grand Forks community. Community development projects, including surveys and conversations with residents, are two ways of gathering important information that can be used by city officials, neighborhoods and residents to establish programs. The goal is to raise awareness and promote community togetherness to overcome city challenges. Many times the goal of a community development project unveils an issue that was unknown to most. Recognizing and acting on these unknown issues can generate a high quality of life for everyone.

Research Questions Summary

Research Question 1: What are the demographic, economic and social characteristics of the senior population in the Grand Forks area?

Nine questions were addressed in the Grand Forks Senior Center survey to directly answer the first research question. Age, gender, income, housing (own/rent), living situation, length of residency, NSS residency, residential commitment, neighbor relationship level and neighborhood rating were gathered to show the characteristics of the senior population in the Grand Forks area. Meaningful data collected for this research was yearly income. Twenty-nine or the 44 (66 percent) respondents had a yearly income

of under \$20,000. The reason for such low incomes is because most seniors only rely on social security for the income but with cost of living growing, how much does the \$20,000 provide for an individual. Table 4, Table 5 and Figure 4 provided a wide base of response to answer research question #1.

*Research Question #2: What services are needed for the seniors
in the Grand Forks area?*

Responses to the five questions listed in Table 6 summarize the services needed for Grand Forks area seniors and their personal perspective on aging issues. Home maintenance seems to be the number one need for area seniors. It is something most of us take for granted but physical limitations can make these everyday tasks difficult to achieve (Katz 1983; Verbrugge 1990; King 1991; Guralnik et al. 1996; Miller et al. 2000). Many seniors are limited on the financial resources and paying for services can be challenging. It was promising to see many seniors felt strongly that developing a program would be helpful. Trying to find a balance between who would be willing to help and who the seniors trust to help would be a challenge. My hope would be that community involvement would create relationships that did not exist prior and build upon neighborhood trust.

*Research Question #3: What are the demographic, social and
economic characteristics of the NSS residents?*

The responses to the seven questions shown in Table 7 and Table 8 summarize the demographic, social and economic characteristics of the NSS. The demographics of the NSS show that it is an aging neighborhood with the majority of residents 45 years and older. This age cohort will progressively increase in age over time with more individuals getting close to retirement age (65). It was great to have such a strong response from the

homeowners in the NSS. Having an increase in home ownership will be needed to establishing a NHN Program.

Research Question #4: What services are needed in the NSS?

Responses to the three questions in table 9 summarize the NSS community service input. As stated above, it was discouraging that there were so few responses to some of the questions. Although the responses were supportive that there is a need for a program to help those in need in the NSS, 17 responses does not provide enough substantial evidence that the entire NSS feels the same way. Home maintenance related categories lead the way in areas that NSS residents needed help in. Similar responses were recorded in the Grand Forks Senior Center survey. It was encouraging to see that NSS residents had more trust in their neighbors to help them with daily tasks. Hopefully this will continue to grow even though the NSS has a increased renter population.

Research Question #5: What type of volunteer options can benefit the NSS senior population?

Two question were asked to gather information regarding volunteering in the NSS. Table 10 summarizes those two questions. As stated above, 57 percent of the responses said that they would not be interested in volunteering. Community and neighborhood based programs are built upon solid volunteer groups. Volunteering is the foundation for any successful program and that would have to be established or increased in the NSS before a program could be implemented. The second question posed was to gather what the NSS has for community strengths and what categories would NSS individuals be willing to assist in. Responses were distributed fairly even in all of the categories and it was encouraging that there was a large response group. This information could be used to narrow down what type of services could be used in a NHN

implementation plan.

Limitations

All projects come with limitations as has been noted in the introductory chapter. Time, lack of resources and funding definitely can affect the process and outcome of a research project such as this study. Reflecting upon this research, it can be recognized that the biggest challenge faced in this project was trying to reach a specific age group and trying to gather as much participation as possible. Fortunately, the Grand Forks Senior Center was gracious enough to let me use their facility to carry out my first survey. Although that access allowed for face to face interactions with many seniors in the Grand Forks area, it limited the data collection to only to those seniors that patronized the Grand Forks Senior Center. As stated earlier in Chapter I, the NSS survey posed a series of different limitations. There were multiple questions being asked about the variety of needed services and volunteer opportunities. It must not be forgotten that this survey was sent to the entire NSS. Consequently, there were restrictions on asking specific questions to the NSS senior population. Generalized question then were asked to gather as much information as possible on needs of the NSS, community strengths, volunteering opportunities and volunteering interest. That is a large amount of information to try and narrow down specific questions. Previous research and hypothesizes had to be used to fill in the gaps. One of the biggest limitations with both surveys was selecting the appropriate questions to ask. Survey participants could potentially view a proposed question in multiple ways. The questions have to be worded so that all generations can understand and responses are consistent.

Recommendations

Although my numbers in the NSS survey were not as high as I would have liked to have seen. Collecting and analyzing the response proved to me that there are issues in the NSS that need attention. Whether or not a NHN Program is the right program to achieve the needs of the NSS population is a still up for debate. The discovery of many issues arose after having time to review and analyze both surveys. First, there is an aging population in the NSS that wants to stay in their homes and many need help performing the necessary skills to maintain a home. Second, the NSS is viewed as being a transit neighborhood. Many residents within the NSS expressed concern that these individuals that are transit do not have an investment to the NSS and have a lack of desire to strengthen their community. Third, there is a challenge with the age and condition of homes in the NSS. Lastly, there is a lack of interest in volunteering in community-based programs within the NSS. Yes, there are groups and organizations that could make a difference in each of the challenges listed but how often can they help. Once a year? The only way to fully help the NSS issue of an aging population is to have a regular effort from the residents living within the NSS. Residents need to make an effort to get out and socialize with each other, lend a helping hand when the time is needed. You never know when you might be in a position when you may need help.

It would be my recommendation to the NSS to continue with the monthly meeting to discuss issues but also create neighborhood events to get the residents active. It will be challenging because of how transit the neighborhood is but the more communication between residents will be help in events moving forward. Timing is difficult to start a NHN Program in the NSS right now. There is a need but to formally start a NHN Program the residents within the community need to be on board 100 percent. Without

their support a NHN Program will fail because regular help is needed to satisfy the needs struggling individuals and families.

Final Thoughts

Aging is inevitable. As stated earlier, some cities are or will be dealing with an aging population. Specific areas like the Bakken region in Western North Dakota, the Buffalo Commons, Utah and other areas nationally and internationally are already dealing with this issue. This thesis is a specific case study dealing with the NSS intended to build upon past research and literature. Hopefully, similar research can be conducted to help other neighborhoods and communities affected by aging.

APPENDICES

Appendix A

Title: Senior Perspective on Aging in Place in the Grand Forks Area

Principal Investigator:

Derrick LaPoint

Advisor:

Devon Hansen

Department of Geography

University of North Dakota

221 Centennial Drive Stop 9020

Grand Forks, ND 58203

Phone: (701) 777-4246

E-mail: derrick.lapoint@my.und.edu

My name is Derrick LaPoint. I am a graduate student in the Department of Geography at the University of North Dakota. I am researching the development of a Neighbors Helping Neighbors Program to help the elderly in the Near Southside Neighborhood (NSS) in Grand Forks, ND. I will be working with the NSS Neighborhood, Grand Forks Senior Center and the City of Grand Forks' Mayor's Urban Neighborhood Initiative (MUNI) for this project. The purpose of this survey is to gather the senior perspective on aging in place and what services seniors are struggling with in the Grand Forks Area. The findings of the survey will be shared with NSS Neighborhood Association, Grand Forks Senior Center and the city government officials in Grand Forks.

I would appreciate your participation in this survey. It should take ten minutes or less to complete. Your decision to take part in this survey is entirely voluntary. All the information is confidential and will not be shared in any manner that will identify you. Participants are not required to sign a consent form. However, consent information is retained by the participants. The surveys will be kept in a locked cabinet with only the principal investigator and people who audit IRB procedures having access to the data. The surveys will be retained for the required three-year period and then be destroyed by shredding.

If you have any questions about the survey, please call the Department of Geography at (701) 777-4246. If you have any other questions or concerns, please call Research Development and Compliance at (701) 777-4279.

Appendix B

Senior Perspective on Aging in Place in the Grand Forks Area

1. Age
☐ Under 54 ☐ 55-64 ☐ 65-74
☐ 75-84 ☐ 85-94 ☐ Over 95
2. Gender
☐ Male ☐ Female
3. Income
☐ Under \$20,000 ☐ \$20,001-\$39,999
☐ \$40,000-\$59,999 ☐ Over \$60,000
4. Do you own or rent your home?
☐ Own ☐ Rent
5. Do you live alone?
☐ Yes ☐ No
6. Do you live in the Near Southside Neighborhood or MUNI (Mayor's Urban Neighborhood Initiative)?
☐ Yes ☐ No
7. How many years have you lived in your residence?
☐ Years
8. How committed are you to staying at your residence as you age?
☐ Very ☐ Somewhat ☐ Not very ☐ Not at all
9. How well do you know your neighbors?
☐ Very Well ☐ Pretty well ☐ Well ☐ Not at all
10. Overall, how would you rate your neighborhood as a place to live?
☐ Excellent ☐ Good ☐ Fair ☐ Poor
11. Do you think there is a need for a program to help the elderly in your area?
☐ Yes ☐ No
12. Do you have trouble finding someone to help with any of the following tasks?
(Check all that apply)
☐ Driving ☐ Shopping
☐ Mowing the lawn ☐ Raking
☐ Home maintenance ☐ Shoveling/blowing snow
☐ Walking

Other _____

13. Would you like help with any of the following? (Check all that apply)

<input type="checkbox"/> Housecleaning	<input type="checkbox"/> Laundry
<input type="checkbox"/> Mowing the lawn	<input type="checkbox"/> Leaf Raking
<input type="checkbox"/> Snow removal	<input type="checkbox"/> Gardening
<input type="checkbox"/> Weatherizing	<input type="checkbox"/> Shopping
<input type="checkbox"/> Meal preparations	<input type="checkbox"/> Assistance with technology
<input type="checkbox"/> House Sitting	<input type="checkbox"/> Running errands
<input type="checkbox"/> Transportation	<input type="checkbox"/> Bill paying
<input type="checkbox"/> Aging-in-place home modifications (ramps, etc.)	
<input type="checkbox"/> Phone check-ins, friendly visits	

Other _____

14. Would you be willing or are you able to pay for some assistance with the items checked in Question #13?

☐ Yes ☐ No

15. What do you consider the top 3 most important things you need to age in place? (living independently in your own home for as long as you can)

1. _____
2. _____
3. _____

16. In your opinion, where is the best sources of information about services? (Check all that apply)

<input type="checkbox"/> Senior Center	<input type="checkbox"/> Doctor or other Health Professional
<input type="checkbox"/> Internet	<input type="checkbox"/> Family member or friends
<input type="checkbox"/> Local senior service programs	

Other _____

17. Who would you trust to help you with daily tasks? (Check all that apply)

<input type="checkbox"/> Family members	<input type="checkbox"/> Community organizations
<input type="checkbox"/> Religious organizations	<input type="checkbox"/> Youth volunteers
<input type="checkbox"/> Neighbors	

18. Anything else you would like to share about this issue

19. If you are willing to participate in a interview or focus group in your community, please provide your name, telephone number and/or email address:

Name _____
Telephone _____ Email _____

Appendix C

Title: Needs Assessment of a Neighbors Helping Neighbors Program

Principal Investigator:

Derrick LaPoint

Advisor:

Devon Hansen

Department of Geography

University of North Dakota

221 Centennial Drive Stop 9020

Grand Forks, ND 58203

Phone: (701) 777-4246

E-mail: derrick.lapoint@my.und.edu

My name is Derrick LaPoint. I am a graduate student in the Department of Geography at the University of North Dakota. I am researching the development of a Neighbors Helping Neighbors Program to help the elderly in the Near Southside Neighborhood (NSS) in Grand Forks, ND. I will be working with the NSS and the City of Grand Forks' Mayor's Urban Neighborhood Initiative (MUNI) for this project. The findings of the survey will be shared with NSS Neighborhood Association, residents of the NSS and the city government officials in Grand Forks to discuss the possibility of implementing a NHN Program.

I would appreciate your participation in this survey. It should take ten minutes or less to complete. Please return the survey in the enclosed paid envelope to the Department of Geography at the University of North Dakota. Your decision to take part in this survey is entirely voluntary. All the information is confidential and will not be shared in any manner that will identify you. Participants are not required to sign a consent form. However this page, with consent information is retained by the participants. The surveys will be kept in a locked cabinet with only the principal investigator and people who audit IRB procedures having access to the data. The surveys will be retained for the required three-year period and then be destroyed by shredding.

If you have any questions about the survey, please call the Department of Geography at (701) 777-4246 or email the address given at the top of the page. If you have any other questions or concerns, please call Research Development and Compliance at (701) 777-4279.

Appendix D

Needs Assessment of a Neighbors Helping Neighbors Program

1. Age _____18-24 _____25-34 _____35-44 _____45-54

_____55-64 _____65-74 _____75-84 _____85+

2. Gender
_____Male _____Female
3. Do you own or rent your home?
_____Own _____Rent
4. How many persons live in your household?

5. How many years have you lived in the NSS Neighborhood?
_____Years
6. How committed are you to staying in the NSS Neighborhood as you age?
_____Very _____Somewhat _____Not very _____Not at all
7. How well do you know your neighbors?
_____Very Well _____Pretty well _____Well _____Not at all
8. Overall, how would you rate your neighborhood as a place to live?
_____Excellent _____Good _____Fair _____Poor
9. Do you think there is a need for a program to help those in need in your neighborhood?
_____Yes _____No
10. Do you need help with any of the following? (Check all that apply)
- | | |
|---|---------------------------------|
| _____Housecleaning | _____Laundry |
| _____Yard Work | _____Snow removal |
| _____Weatherizing | _____Shopping |
| _____Meal preparations | _____Assistance with technology |
| _____House Sitting | _____Running errands |
| _____Transportation | |
| _____Phone check---ins, friendly visits | |
| Other_____ | |
11. Would you be interesting in volunteering in a program to help others in your neighborhood?
_____Yes _____No

Turnover for questions 12-20



12. How might you see yourself volunteering for the NSS Neighborhood? (Check all that apply)
- | | |
|---------------------|----------------------|
| _____Transportation | _____Running errands |
|---------------------|----------------------|

<input type="checkbox"/> Yard work	<input type="checkbox"/> Light housekeeping chores
<input type="checkbox"/> Snow Removal	<input type="checkbox"/> Electronic assistance
<input type="checkbox"/> Pet care	<input type="checkbox"/> Grocery shopping or meal preparation
<input type="checkbox"/> Planning social events	<input type="checkbox"/> Phone check-ins or friendly visits
<input type="checkbox"/> Helping schedule volunteers	
<input type="checkbox"/> Minor home repairs/maintenance	
Other _____	

13. Do you care for an older relative, friend and/or neighbor?

☐ Yes ☐ No

14. In your neighborhood, are there homes that are not properly maintained?

☐ Yes ☐ No ☐ Not Sure

15. When I need some extra help, I can always count on someone in the community to help with daily tasks like grocery shopping, housing cleaning, cooking, telephoning, giving me a ride

☐ Agree ☐ Disagree ☐ Neutral

16. I often exchange favors with people in my community (like watching each other's children, helping with shopping, lending garden or house tools and other small acts of kindness)

☐ Always ☐ Sometimes ☐ Never

17. If I were seriously ill, I would ask my neighbors for help?

☐ Agree ☐ Disagree ☐ Neutral

18. If something unfortunate happened to a neighbor, such as a serious illness or the death of a parent, members of neighborhood would get together to help?

☐ Agree ☐ Disagree ☐ Neutral

19. If you needed assistance, who would you trust to help you with daily tasks?
(Check all that apply)

<input type="checkbox"/> Family members	<input type="checkbox"/> Community organizations
<input type="checkbox"/> Religious organizations	<input type="checkbox"/> Youth volunteers
<input type="checkbox"/> Neighbors	

20. Any other information you would like to share on the issue

Thank you for your participation!!!

REFERENCES

- Alley, D., Liebig, P., Pynoos, J., Banerjee, T., and In Hee Choi. 2007. "Creating elder-friendly communities: Preparations for an aging society." *Journal of Gerontological Social Work* 49, no. 1-2: 1-18.
- Bacsu, Juanita R. et al. 2012. "Healthy Aging in Place: Supporting Rural Seniors' Health Needs." *Online Journal of Rural Nursing & Health Care* 12 (2): 77.
- Bookman, A. 2008. "Innovative Models of Aging in Place: Transforming our Communities for an Aging Population." *Community, Work and Family* 11 (4): 419-438. doi:10.1080/13668800802362334.
- Bowling, A., Zahava G., Dykes, J., Dowding, L.M, Evans, O., Fleissig, A., Banister, D., and Sutton, S. 2003. "Let's ask them: a national survey of definitions of quality of life and its enhancement among people aged 65 and over." *The International Journal of Aging and Human Development* 56, no. 4: 269-306.
- Brown, B., Perkins, D.D., and Brown, G. 2003. "Place attachment in a revitalizing neighborhood: Individual and block levels of analysis." *Journal of environmental psychology* 23, no. 3: 259-271.
- Burby, R., and Rohe, W. 1990. "Providing for the Housing Needs of the Elderly." *Journal of the American Planning Association* 56 (3): 324-340. doi:10.1080/01944369008975776.
- Bylund, R.A. 1985. Rural housing: perspectives for the aged. In R. T. Coward and G. R. Lee (Eds.), *The Elderly in Rural Society* @p. 129-146). N.Y., New York: Springer Publishing Company, Inc.
- CDC (2003a). National Vital Statistics: Life Expectancy.
- CDC (2003b). Public Health and Aging: Trends in Aging--U.S. and Worldwide (Rep. No. 52(6)).
- Center for Social Research at NDSU; CSR's 2012 North Dakota Statewide Housing Needs Assessment, www.ndhfa.org/
- Chavis, D.M., and Wandersman, A. 1990. "Sense of community in the urban environment: A catalyst for participation and community development." *American Journal of Community Psychology* 18, no.1: 55-81.

“City of Grand Forks Mayor’s Urban Neighborhood Initiative – Home.” City of Grand Forks, North Dakota. <http://gfmuni.weebly.com/index.html> (last accessed 15 February 2014)

Cuba, L. and Hummon, D.M. 1993. Constructing a sense of home: place affiliation and migration across the life cycle. *Sociological Forum*, 8(4), 547-572.

Cutchin, M.P. 2003. "The Process of Mediated Aging-in-Place: A Theoretically and Empirically Based Model." *Social Science & Medicine* 57 (6): 1077-1090. doi:10.1016/S0277-9536(02)00486-0.

Dunlop, D. D., Manheim, L. M., Sohn, M. W., Liu, X., and Chang, R. W. 2002. Incidence of functional limitation in older adults: the impact of gender, race, and chronic conditions. *Arch.Phys.Med.Rehabil.*, 83, 964-971.

Fried, L. P. and Guralnik, J. M. 1997. Disability in older adults: evidence regarding significance, etiology, and risk. *J.Am.Geriatr.Soc.*, 45, 92-100.

Glasgow, N. and D. L. Brown. 2012. "Rural Ageing in the U.S.: Trends and Contexts." *Journal of Rural Studies* 28 (4): 422-431.

Gobillon, L., Wolff, F.C. 2011. "Housing and Location Choices of Retiring Households: Evidence from France." *Urban Studies (Edinburgh, Scotland)* 48 (2): 331.

Gravenkemper, S. 2007. "Building Community in Organizations Principles of Engagement." *Consulting Psychology Journal* 59 (3): 203-208. doi:10.1037/1065-9293.59.3.203.

Greenblatt, A. 2007. Aging Baby Boomers. *CQ Researcher*, 17(3), 867-885 Retrieved from www.cqresearcher.com

Guralnik, J. M., Fried, L. P., and Salive, M. E. 1996. Disability as a public health outcome in the aging population. *Annu.Rev.Public Health*, 17, 25-46.

Guralnik, J. M., LaCroix, A. Z., Abbott, R. D., and Berkman, L. F., Satterfield, S., Evans, D. A. et al. 1993. Maintaining mobility in late life. I. Demographic characteristics and chronic conditions. *Am.J.Epidemiol.*, 137, 845-857.

Guterbock, T.M. and Fries, J.C. 1997. Maintaining America's Social Fabric: The AARP Survey of Civic Involvement. Centre for Survey Research, University of Virginia: American Association of Retired Persons.

Harlow, K., G., K. Harlow, and C. Garcia. 2002. "Aging in Place: Neighborhood Characteristics, Experiences and Quality of Life." *The Gerontologist*: 236.

Hays, P. 2004. Case Study Research. In Kathleen deMarrais and Stephen D. Lapan (eds.), *Foundations for Research: Methods of Inquiry in Education and the Social Science*.

Hetzel, L. 2001. *The 65 Years and Over Population : 2000*, edited by Annetta Smith, U.S.. Bureau of the Census. Washington, DC: Washington, DC : U.S. Dept. of Commerce, Economics and Statistics Administration, U.S. Census Bureau.

Hummon,D. 1986. City mouse, country mouse: the persistence of community identity. *QualitativeSociology*,9(1),3-25.

Katz, S. 1983. Assessing self-maintenance: activities of daily living, mobility, and instrumental activities of daily living. *J.Am.Geriatr.Soc.*, 31, 721-727.

Katz, S., Branch, L. G., Branson, M. H., Papsidero, J. A., Beck, J. C., and Greer, D.S. 1983. Active life expectancy. *N.Engl.J.Med.*, 309, 1218-1224.

Kelley-Gillespie, N., Wilby, F., and Farley, W. 2012. "Older Adults' Satisfaction with the Neighbors Helping Neighbors Program." *Working with Older People* 16 (4): 154-169. doi:10.1108/13663661211286684.

Kelly-Gillespie, K. and Wilby, F. 2012. "Experiences of Volunteers Serving Older Adults." *Working with Older People* 16 (1): 31-40. doi:10.1108/13663661211215187.

King, A. C. 1991. Mini-Series: Exercise and Aging: Physical Activity and Health Enhancement in Older Adults: Current Status and Future Prospects. *Ann.Behav.Med.*, 13, 87-90.

Kontos, P. 1998. Resisting institutionalization: constructing old age and negotiating home. *Journal of Aging Studies*, 12(2), 167-184.

Kretzman, J.P. and McKnight, J.L. 1993. *Building communities from the inside out: A path toward funding and mobilizing a community's assets*. Chicago, IL: ACTA Publications.

Lehning, A.J. 2012. "City Governments and Aging in Place: Community Design, Transportation and Housing Innovation Adoption." *Gerontologist*. doi:10.1093/geront/gnr089.

Low, S.M. and Altman, I. 1992. Place attachment. A conceptual inquiry. In I. Altman and S.M. Low (Eds.). *Place Attachment* (pp. 1-12). New York, N.Y: Plenum Press.

Marek, A.C. 2004. Volunteer. *U.S. News & World Report*, 137 (23), 84.

Mcdonough, K.E. and Davitt, J.K. 2011. "It Takes a Village: Community Practice, Social Work, and Aging-in-Place." *Journal of Gerontological Social Work* 54 (5): 528-541. doi:10.1080/01634372.2011.581744.

- McHugh, K.E. and Mings, R.C. 1996. The circle of migration: attachment to place in aging. *Annals of the Association of American Geographers*, 86(3), 530-550.
- Miller, M. E., Rejeski, W. J., Reboussin, B. A., Ten Have, T. R., and Ettinger, W. H. 2000. Physical activity, functional limitations, and disability in older adults. *J.Am.Geriatr.Soc.*, 48, 1264-1272.
- Morse, J.M. and Field, P.A. 1995. *Qualitative Research Methods for Health Professionals* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Neighbors Helping Neighbors. 2003. Letter to The Aspen Institute.
- O'Bryant, S.L. 1983. The subjective value of "home" to older homeowners. *Journal of Housing for the Elderly*, 1,29-43.
- Ostir, G. V., Carlson, J. E., Black, S. A., Rudkin, L., Goodwin, J. S., and Markides, K. S. 1999. Disability in older adults. 1: Prevalence, causes, and consequences. *Behav.Med.*, 24, 147-156.
- Potts, M. 1998. "Social support and depression among older adults living alone". *Community Building: Renewal, Well-Being, and Shared Responsibility* (pp. 252-270)
- Proffitt, M.A. 1993. A Catalyst for Community in Sheltered Care Environments for the Elderly: First, Second and Third Places. Masters Thesis (Unpublished). The University of Wisconsin: Milwaukee.
- Quinn Patton, M. 1990. *Qualitative Evaluation and Research Methods* (2nd ed.). Newbury Park, CA: Sage Publications.
- Rathage, R. 2007. The Economic Impact of the Senior Population on a State's Economy: The Case of North Dakota. North Dakota State Data Center.
- Rohe, W.M. and Stewart, L.S. 1996. "Homeownership and neighborhood stability." *Housing Policy Debate* 7, no. 1: 37-81.
- Rubinstein, R. L. and Parmelee, P. A. 1992. Attachment to place and the representation of the life course by the elderly. In I. Altman and S. M. Low (Eds.). *Place Attachment* (pp. 139-163). New York, N.Y: Plenum Press.
- Schultz, P., Chambless, C., and DeCuir, J. 2004. Multimethods Research. In Kathleen deMarrais and Stephen D. Lapan (Eds.), *Foundations for Research: Methods of Inquiry in Education and the Social Science*.
- Sirgy, M. Joseph, and Cornwell, T. 2002. "How neighborhood features affect quality of life." *Social Indicators Research* 59, no. 1: 79-114.

Smets, A. 2012. "Housing the Elderly: Segregated in Senior Cities Or Integrated in Urban Society? (Report)." *Journal of Housing and the Built Environment* 27 (2): 225.

Strauss, A. and Corbin, J. 1998. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Stoller, E. and Earl, L.L. 1983. "Help with activities of everyday life: Sources of support for the non institutionalized elderly." *The Gerontologist* 23, no. 1: 64-70.

Thompson-Fullilove, M. 1996. Psychiatric implications of displacement: contributions from the psychology of place. *American Journal of Psychiatry*, 153(12), 1516-1523.

Trickey R. , Kelley-Gillespie, N. and Farley, W.. 2008. A Look at a Community Coming Together to Meet the Needs of Older Adults: An Evaluation of the Neighbors Helping Neighbors Program, *Journal of Gerontological Social Work*, 50:3-4, 81-98, DOI: 10.1300/J083v50n3_07

University of North Dakota, Institutional Review Board (IRB).
<http://und.edu/research/resources/human-subjects/>. (last accessed 20 February 2014)

University of Utah: College of Social Work. "Neighbors Helping Neighbors."
<http://www.socwk.utah.edu/neighbors/index.html>. (last accessed 16 February 2014)

Unger, D.G. and Wandersman, A. 1985. The importance of neighbours: the social, cognitive, and affective components of neighbouring. *American Journal of Community Psychology*, 13(2), 139-169.

U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Selected Age Groups and Sex for Counties in North Dakota: April 1, 2010, to July 1, 2011 (CC-EST2011-AGESEX-38), www.census.gov/popest/

U.S. Census Bureau. 2011. *The Older Population: 2010*,
www.census.gov/prod/cen2010/briefs/c2010br-09.pdf U.S. Census Bureau, Decennial Census

U.S. Census Bureau, American Community Survey, 2007-2011 5-Year Estimates, factfinder2.census.gov/

U.S. Department of Housing and Urban Development. 2005. *Elderly housing consumption: Historical patterns and projected trends*. Washington, DC: Author.

Verbrugge, L. M. 1990. The iceberg of disability. In S.M.Stahl (Ed.), *The Legacy of Longevity* (pp. 55-75). Sage.

Vidal, A. 1992. *Rebuilding communities: A national study of urban community development corporations*. New York: New School of Social Research, Community Development Research Center, Graduate School of Management and Rural Policy.

Vidal, A. 2001. *Faith-Based Organizations in Community Development*. Prepared for the U.S. Department of Housing and Community Development Office of Policy Development and Research.

Weeks, J. 1992. *Population: An Introduction to Concepts and Issues*. Belmont, CA: Wadsworth Publishing Company.

Wiles, J.L., Leibing, A., Guberman, N., Reeve, J., and Ruth E. S. Allen. 2012. "The Meaning of "Aging in Place" to Older People." *Gerontologist*. doi:10.1093/geront/gnr098